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POST OFFICE TO ADDRESSEE		EXPRESS MAIL		UNITED STATES POSTAL SERVICE™	
<p>PO ZIP Code <u>02111</u></p> <p>Day of Delivery <u>1st</u> <input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/></p> <p>Mo. <u>May</u> Day <u>31</u> Year <u>2001</u> <input checked="" type="checkbox"/> 1st Noon <input type="checkbox"/> 3 PM <input type="checkbox"/></p> <p>Time In <u>11:00</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/></p> <p>Weight <u>1.1</u> lbs. <u>0.0</u> oz. Int'l Alpha Country Code <input type="checkbox"/></p> <p><input type="checkbox"/> No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input checked="" type="checkbox"/> Acceptance Clerk Initials <u>8/</u></p> <p>Total Postage & Fees <u>\$16.00</u> COD Fee <input type="checkbox"/> Insurance Fee <input type="checkbox"/></p>					
<p>CUSTOMER USE ONLY</p> <p>TO FILE A CLAIM FOR DAMAGE OR LOSS OF CONTENTS, YOU MUST PRESENT THE ARTICLE, CONTAINER AND PACKAGING TO THE USPS FOR INSPECTION.</p> <p>FROM: PLEASE PRINT <u>Ivor R. Bliff.</u> PHONE <u></u></p> <p><u>Manez, Levin, Cohn, Ferris, Glover</u> <u>and Popeo, P.C.</u> <u>One Financial Center</u> <u>Boston, MA 02111</u></p> <p>TO: PLEASE PRINT <u>USPTO MAIL CENTER</u> PHONE <u></u></p> <p><u>Assistant Commissioner for Patent</u> <u>and Trademark</u> <u>U.S. Patent and Trademark Office</u> <u>Washington, DC 20231</u></p> <p>EXPRESS MAIL LABEL DATE <u>MAY 31 2001</u></p> <p>[Attorney Docket No. 19904-013NATL]</p>					
<p>DELIVERY (POSTAL USE ONLY)</p> <p>Delivery Attempt <input type="checkbox"/> Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature <u></u></p> <p>Delivery Attempt <input type="checkbox"/> Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature <u></u></p> <p>Delivery Date <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature <u></u></p> <p>Signature of Addressee or Agent <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature <u></u></p> <p>Name-Please Print <u></u></p> <p>RECEIVED <u>MAY 31 2001</u></p> <p>FTD MAIL OFFICE</p>					